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COUNTY BOROUGH OF WIGAN



*Annual Report*  
*of the*  
*Principal*  
*School Medical Officer*  
*For the year 1963*





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COUNTY BOROUGH OF WIGAN



*Annual Report*  
*of the*  
*Principal*  
*School Medical Officer*  
*For the year 1963*

J. HAWORTH HILDITCH,  
Medical Officer of Health and Principal School Medical Officer



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## COUNTY BOROUGH OF WIGAN

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### EDUCATION COMMITTEE

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**Vice-Chairman :**

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The Ex-Mayor (Councillor T. Monks).

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### CHILDREN'S WELFARE SUB-COMMITTEE

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Other Members : Miss E. Hodson, M.B.E., J.P., Mrs. J. N. Pasquill, J.P., M.A., Miss E. Eckersley, B.A.

# **SCHOOL MEDICAL STAFF**

**1963**

---

## **Principal School Medical Officer :**

J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H., F.R.S.H.

## **School Medical Officers :**

\*ALAN SIPPERT, M.B., Ch.B., D.P.H. (To 31-10-63)

\*RODERICK McL. BAIN, M.B., Ch.B., D.P.H.

\*THOMAS L. O'DONNELL, M.B., Ch.B., D.P.H.

\*AILEEN F. HOWARTH, M.B., Ch.B. (From 18-11-63)

## **Orthopædic Surgeon :**

\*MARGUERITE F. JOHNSTONE, M.B., Ch.B. (To 31-7-63)

\*EDWARD W. KNOWLES, M.Ch.(Orth.), F.R.C.S.(Ed.) (From 1-8-63)

## **Consultant Child Psychiatrist :**

\*A. GAGE, M.B., Ch.B., D.P.M. (To 15-9-63)

## **Educational Psychologist :**

\*D. LABON

## **Principal Dental Officer :**

C. F. L. PURSLOW, L.D.S., R.C.S. Eng.

## **Orthodontic Service :**

\*A. G. BATTEN, L.D.S., R.C.S. Eng.

## **Chiropody Service :**

\*J. WOOD, M.Ch.S.

## **School Nurses :**

E. E. SMITH, J. M. KEENAN (To 30-9-63), P. PRITCHARD, V. LOWN,

B. TAYLOR (To 30-9-63), B. COLLIER (From 1-11-63),

E. LEDSON (From 1-11-63).

## **Psychiatric Social Worker :**

\*S. M. HALL.

## **Orthopædic Nurse :**

\*Mrs. H. JORDAN

## **Dental Attendant :**

E. CHADWICK.

## **Clerks :**

D. JONES, J. M. PROCTOR, S. ROURKE.

\* Denotes Part-time Officer



# **PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT FOR 1963**

Health Office,  
WIGAN.

April, 1964.

**To the Chairman and Members of the Education Committee.**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit for your consideration the report on the work of the School Health Service for the year ended December, 1963.

As may be expected in a long-established service dealing with a fairly static population there are no spectacular developments to report. The hall mark of an efficient school health service is that the multitudinous duties of the medical, dental and nursing staff should be efficiently carried out with the least possible interference in the school programme. This we have endeavoured to do and have had the full co-operation of the teaching staff. Notwithstanding the undisputed fact that the School Health Service is the only branch of the National Health Service that has the opportunity of keeping the majority of children under medical and dental supervision there has over a number of years been a feeling in some circles that whereas the full periodic medical examination of school entrants and leavers was still worth-while, in these days of relatively high living standards and free medical services the routine procedure did not reveal sufficiently significant defects in the ten-year old child to justify its retention in the present form. Some Authorities therefore, whilst still performing the vision test on this age group, have in the intervening years limited full medical examination to those children where the need was indicated by the replies given in a questionnaire previously completed by the parents, augmented by a report from the head teacher, and the result of a screening test by the school nursing staff. We are carrying out a pilot scheme on these lines in a number of junior mixed schools and when the revised procedure has been in operation for a reasonable time I hope in a future report to give an assessment of its usefulness in this town. The real value of the scheme is said to lie in the opportunity given for closer and more frequent liaison between the School Medical Officer and teaching staff and the elimination of much frustrating and unnecessary routine work, more time being devoted to those children whose condition really warrants it. Its success depends largely on the attitude of the teaching staff and parents to their increased responsibility.

The general physical condition of the children remains good and the number found at medical inspection who must be classed as unsatisfactory in this respect is very small indeed. In the year under review it was in fact 0.43%. Our experience of infectious disease has been extremely light and during the past twelve months there has been no epidemic prevalence. The figures for the various diseases will be found on Page 16 of the report.

For the fifteenth year in succession we have been free of diphtheria in the Borough. This is a striking tribute to the conscientious work of the medical and nursing staff, who spend a great deal of time persuading reluctant parents to have their children protected. I would earnestly impress upon all parents the need to have their children immunised early in life and to regularly maintain the protection by reinforcing doses of the various antigens.

An innovation in the follow-up treatment of minor ailments has been the attendance of school nurses for treatment sessions at two schools in the Borough from whence it seemed the bulk of patients were coming to the Central Minor Ailment Clinic. It is felt that this effected a great saving in school time and is worthy of continuation but this depends upon having a full establishment of nurses.

It is with regret that I report that the Child Guidance Clinic, after making such a brave start in 1961, had to be discontinued in its complete form in September when the Consultant Psychiatrist left, having obtained a post elsewhere. At the end of the year the vacancy had not been filled but arrangements were made for the Educational Psychologist and the Psychiatric Social Worker to provide continuity wherever possible until the full service is again operative.

Our years of search for a speech therapist were rewarded when, towards the end of the year, it was possible to recruit two part-time therapists and it is hoped to re-start the service early in 1964.

The importance of annual vision testing, so long overlooked in the School Medical Service, has been confirmed by the findings in many authorities. Although School Medical Officers realised that the interval between periodic medical inspections gives ample opportunity for the emergence of undetected visual defects, staff shortage always seemed to prevent more frequent examinations. We are still short of staff but our order of priorities has been altered to enable nurses to carry out a simple chart test on an annual basis. During the year a start was made on the testing of hearing of school entrants by means of a transistorised portable pure-tone audiometer, a service long overdue in this Authority.

Work on the new multi-purpose Health Centre at Marsh Green is now well advanced and it is anticipated that it will be brought into use early in 1964. It should then be possible to provide a better standard of service for the schools in the Marsh Green area.

The year saw changes in the medical staff. Dr. Alan Sippert left in October to take up an appointment with the Leeds Regional Hospital Board and Dr. T. L. O'Donnell was appointed Deputy Medical Officer of Health in his place. We were fortunate in recruiting Dr. Aileen F. Howarth to the service as Assistant Medical Officer of Health and School Medical Officer in November. Dr. Marguerite F. Johnstone, who had acted as surgeon to the joint Orthopaedic Clinic for many years, left the service of the Regional Hospital Board on reaching retirement age and was succeeded by Mr. E. W. Knowles, who is well-known to our staff as Orthopaedic Surgeon at the Royal Albert Edward Infirmary. His appointment is a further step in the integration of the hospital and local authority services.



Mr. Purslow, the Principal Dental Officer, has contributed an account of the work done in his surgeries during the year. The shortage of school dental officers persists and he has carried on the work single-handed, concentrating on examination of the whole school population and doing a useful amount of conservative dentistry, besides the very considerable orthodontic work which is carried out in conjunction with our orthodontist, Mr. A. G. Batten. Recruitment to this service shows no signs of improving in the north west and I must thank the many private dental practitioners in the town who have stepped up their acceptance of young patients in order to help us out of our difficulties.

As in previous years we have worked very closely with Dr. R. M. Forrester, Paediatrician at the Royal Albert Edward Infirmary, and with the general practitioners working in the Borough and I thank them for their help and co-operation.

My thanks are due also to the several full and part-time officers who have provided material for inclusion in this report and I should like again to place on record my appreciation of the high standard of work performed by the medical, nursing and ancillary staff of the department. I would also thank the Director of Education, his staff and the teaching staff of the schools, without whose co-operation our work could not be successfully carried out. Finally, I acknowledge with thanks the help of the Chairman and Members of the Children's Welfare Sub-Committee whose enthusiasm has been an inspiration during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. HAWORTH HILDITCH,

Principal School Medical Officer.

## CO-ORDINATION

Liaison with the Hospital Services, the General Practitioner Service and other Local Authority Health Services is achieved in the following manner :—

The Principal School Medical Officer is also the Medical Officer of Health. All other Medical Officers hold joint appointments in the School Health Service and other health services.

The Medical Officer of Health is the executive officer for the Council's function under the National Assistance Act, 1948, including provision of aid for the handicapped and the work amongst homeless and problem families. A seat on the Local Medical Committee of the Executive Council and on the Medical Advisory Committee of the Wigan and Leigh Hospital Management Committee makes for co-ordination of effort and good relations with the other branches of the National Health Service.

No effort has been spared to preserve and extend the good relationship which exists between the assistant medical officers of the School Health Service and the general practitioners in the town. Their co-operation is essential to the welfare of the children in our care.

Since Autumn 1962 Health Visitors have been working with General Practitioners and attending their surgeries weekly or fortnightly. This has effected a closer co-ordination between the Department and the General Practitioners.

Many children are referred for orthoptic treatment, and there is a close liaison between the Consultant Ophthalmologist and the school doctor responsible for refraction work, who, in fact, attends the Infirmary Eye Out-patient Department for a short session each week.

There is a full interchange of information between the Paediatrician, Orthopaedic surgeon, E.N.T. surgeon and the School Medical Officers regarding school children. This is invaluable and ensures that maximum information is available on which to base decisions which might influence a child's future education and prospects in later life.

## CLINICS

### Central Clinic, Millgate, Wigan :—

Minor Ailments Clinic	.....	Monday, Tuesday, Wednesday, Thursday and Friday mornings.
Ophthalmic Clinic	.....	By appointment.
Chiropody Clinic	.....	Monday morning.
Orthopædic Clinic	.....	Monday, Wednesday and Thursday, all day. Orthopaedic Specialist attends second Thursday in the month.
Dental Clinic	.....	Each afternoon.
Child Guidance Clinic	.....	Monday and Friday mornings.

**Pemberton Clinic, 15 Billinge Road, Pemberton :—**

Minor Ailments Clinic ..... Tuesday and Friday mornings.

**Pemberton Primary School, Schoolway, Pemberton :—**

Dental Clinic ..... Tuesday and Thursday mornings.

**SCHOOL ACCOMMODATION AND HYGIENE**

**Number of Schools and Children**

**Primary Schools**

	No.	Departments	No. on Rolls	Average attendance
County Schools .....	7	12	2053	1879
Voluntary Schools .....	21	39	5407	4943
	28	51	7460	6822

**Secondary Modern Schools**

	No.	Departments	No. on Rolls	Average attendance
County Schools .....	3	5	1294	1145
Voluntary Schools .....	5	7	2131	1879
	8	12	3425	3024

**Secondary, Technical and Grammar Schools**

The Grammar School has 923 pupils on roll, and the High School has 552.

There is one direct-grant secondary grammar school in the town, viz., the Notre Dame High School.

**FINDINGS OF MEDICAL INSPECTION**

The periodic medical inspection of three age groups continued throughout the year in the majority of the schools. In September, however, it was decided to introduce a form of selective medical examination in three primary schools in the Borough. All children in the schools are inspected during their first year at school. Thereafter children are referred for examination when this is considered necessary by the head teacher, class teacher, school nurse or parent. The Vision of each child is tested annually. A full report on the working of these selective examinations will be included in the annual report for 1964.



The numbers of children inspected and found to require treatment (excluding uncleanliness and Dental Diseases) were as follows :—

Year of Birth					Number Inspected	Found to require treatment	Percentage
1959 and later	.....	.....	.....	.....	124	16	12.90
1958	.....	.....	.....	.....	500	73	14.60
1957	.....	.....	.....	.....	403	69	17.12
1956	.....	.....	.....	.....	149	28	18.79
1955	.....	.....	.....	.....	46	6	13.04
1954	.....	.....	.....	.....	17	1	5.88
1953	.....	.....	.....	.....	359	68	18.94
1952	.....	.....	.....	.....	425	64	15.06
1951	.....	.....	.....	.....	120	18	15.00
1950	.....	.....	.....	.....	131	21	16.03
1949	.....	.....	.....	.....	390	39	10.00
1948 and earlier	.....	.....	.....	.....	345	49	14.46
Total	.....	.....	.....	.....	3009	452	15.02

The physical condition of the pupils seen at medical inspection is assessed in two broad categories and it will be seen from Table I (page 24) that over the whole age range the condition of 99.57% of the pupils was satisfactory and only 0.43% were unsatisfactory.

### Ear, Nose and Throat Defects

**Ear Diseases and Defective Hearing.**—At routine medical inspection 39 children were found to have discharging ears and 29 children to be suffering from other ear trouble. Individual children are tested by pure-tone audiometer and the Department is indebted to Mr. R. C. Davenport who attends voluntarily to carry out this work.

School Medical Officers also carry out pure-tone audiometry in the Department. Cases requiring more intensive investigation are sent to the Manchester University Department of Audiology. Only one child was sent in the year 1963 and he was eventually admitted to the Residential School for the Deaf.

Towards the end of the year Sweep Audiometric Testing was introduced in infant schools. This work is being undertaken by a specially trained clerk. Any child with an unsatisfactory result is referred to a School Medical Officer for further investigation.

**Tonsils and Adenoids.**—29 children were found at routine medical inspection to require treatment, and 60 required to be kept under observation. 153 received operative treatment during the year. Details are given on page 27 (Table IIIB).



At routine medical inspections the opportunity was taken to obtain an indication of the numbers of children in the school population who had received operative treatment for tonsils and adenoids. The results are as follows :—

Year of Birth					Number Inspected	Found to have received treatment	Percentage
1959 and later	.....	.....	.....	.....	124	2	16.13
1958	.....	.....	.....	.....	500	14	2.80
1957	.....	.....	.....	.....	403	18	4.47
1956	.....	.....	.....	.....	149	10	6.71
1955	.....	.....	.....	.....	46	1	2.17
1954	.....	.....	.....	.....	17	2	11.76
1953	.....	.....	.....	.....	359	53	14.76
1952	.....	.....	.....	.....	425	50	11.18
1951	.....	.....	.....	.....	120	15	12.50
1950	.....	.....	.....	.....	131	25	19.08
1949	.....	.....	.....	.....	390	58	14.87
1948 and earlier	.....	.....	.....	.....	345	76	22.02
Total	.....	.....	.....	.....	3009	324	10.77

### Eye Diseases — Visual Defects

**Eye Diseases.**—25 children were found to be suffering from external eye diseases, mainly conjunctivitis and blepharitis.

467 cases were found to have defective vision and squint. Of these, 178 required treatment, the remainder being kept under observation. Details of cases examined and the numbers for whom glasses were prescribed are on page 27 (Table IIIA).

### Skin Diseases

38 cases of skin disease were found at routine medical inspection. There were no cases of ringworm.

### Orthopædic Defects

At the routine medical inspection 136 cases were revealed. 99 were referred to the Orthopaedic Clinic for treatment and 37 are under observation. Details of attendances at the Orthopaedic Clinic are given in Table IIIC on page 28.

## HEALTH EDUCATION IN SCHOOLS

The Senior Health Visitor gave a series of lecture-demonstrations to senior girls on “Mothercraft.” Five senior girls schools took part in this course. The contents of the course were presented to the headmistress in advance and the lecture-demonstrations were well received by the students.

## EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

During the year 15 applications received from children were investigated by the School Medical Officers and licences to all the applicants were subsequently granted.

## COLLEGE ENTRANTS

61 candidates for admission to various Training Colleges were medically examined during the year.

## SUPERANNUATION

12 Teachers were medically examined for superannuation purposes.

## ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for pupils for whom the Authority accepts responsibility included the following :—

**Minor Ailments.**—The school clinic at Millgate has been open daily and that at Pemberton two days weekly throughout the year for treatment of minor ailments and the carrying out of special examinations. In addition, from May 1963 school nurses have attended for one hour on Tuesday and Thursday mornings during term time at two schools in the Borough for the purpose of treating minor ailments.

During the year 3749 attendances were made in 253 sessions at the Central Clinic, 302 attendances in 75 sessions at Pemberton Clinic, and 233 attendances in 21 sessions at schools.

The reducing trend in attendances at Minor Ailment Clinics continued and is clearly indicated in the table below. Many children with conditions which would formerly have been treated at the clinic are now referred to their own general practitioners from whom they receive treatment in the form of antibiotics and other drugs which are more properly prescribed and controlled by the family doctor.

	1961	1962	1963
No. of children attending.....	1,857	1,429	1,486
No. of attendances .....	5,958	4,662	4,284
Average No. of attendances per child	3.2	3.2	2.9

At the School Clinics special examinations of children referred by school nurses, teachers, parents and school welfare officers are carried out by the School Medical Officers in addition to the treatment of minor ailments.

The School Nurses and the Clinic Attendant attended to cleansing the heads of children referred to the Clinic for this purpose.

Detailed particulars of minor ailments treated, and the means by which treatment was obtained, are given in Table IV, page 29.



**Treatment of Visual Defects.**—Routine refraction work is performed by a School Medical Officer. All children who are known to have visual defects are re-examined annually, and we have recently inaugurated a scheme whereby every child has an annual vision check by a school nurse.

The medical and lay staff of the Royal Albert Edward Infirmary ophthalmic unit have been most helpful and co-operative.

**Orthoptic Service.**—43 school children have been referred to the Wigan Infirmary to benefit from the orthoptic exercises provided there.

**Uncleanliness.**—Arrangements for head inspection have continued as in previous years. Details are to be found on page 29 (Table V).

The following scheme has been in operation during the year :—

- (1) Complete survey by a School Nurse of each school as soon as possible after term begins.
- (2) Children found to be harbouring live vermin are excluded from school and attend the Clinic every day until quite clean. They are then re-admitted and directions given to the parents to keep them clean.
- (3) In the case of children with nits only, notices to parents are sent in the usual way with instructions as to the best method of getting rid of nits. The children are seen by Nurses at intervals of three or four days until quite clean. Notices to parents are repeated in cases where nits are still present.

Great efforts have been made to apply the scheme thoroughly, and the results have been very gratifying.

The total number of first examinations of children was 10,645, and of these, 379 had pediculosis of the head (i.e., lice or nits present).

At the final inspection the number of children with nits was 244.

At the first examination the percentage of infested children was 3.56 and at the final inspection the percentage had been reduced to 2.29.

We ask for greater understanding and co-operation from the parents. Teachers are keenly interested in this important work and the help they give to the nurses is very valuable. Many children after being freed from nits and lice at the clinics or by carrying out the Medical Officer's advice became re-infested in their homes. These cases fortunately are decreasing in number, perhaps due to the greater attention being given by older teenage girls in the care of their hair styles and the impact of television advertising.

There were 7 cases of scabies in 1963 compared with 17 cases in 1962. The greatest difficulties arise where parents of affected children refuse to seek treatment for themselves. This often results in re-infestation of the children concerned and prevents that particular source of infestation being cleared.

**Orthopaedic Service.**—As in previous years the Orthopaedic scheme organised in conjunction with Lancashire County Council has continued to work well. The Surgeon attends one session per month and the Orthopaedic Nurse attends six sessions per week.

During the year 1963, 181 patients attended and 904 attendances were made for physiotherapy.

Good progress continues to be made in the hydrotherapy classes. A much younger group now attend and they consequently need more attention. Valuable help has been given by the Health Office Staff and this is greatly appreciated.

**Tuberculosis.**—No children were referred directly from the School Clinic for opinion to the Chest Clinic.

Arrangements for treatment are now in the hands of the Regional Hospital Board, the School Health Service being responsible for adequate after-care and reference to Special Schools if necessary.

Arrangements have been agreed whereby all personnel of the School Meals Service and School Caretakers are subject to X-ray examination as a preventive measure. Unfortunately, this does not extend to teachers already in post, but all new entrants to the profession are screened.

**B.C.G. Vaccination.**—All child contacts of known tuberculous cases are referred to the Consultant Chest Physician for Mantoux testing. B.C.G. vaccination is offered to those cases where it is considered that its administration would be of value.

Routine B.C.G. vaccination is offered to all 13 year old children and the 72% acceptance rate is higher than that for the previous year (64%).

#### Routine Protection of School Children :

No. in 13 year age group .....	1360
No. for whom consent was obtained .....	986
Percentage of acceptances .....	72%
No. of Mantoux-Negative .....	889
No. of Mantoux-Positive .....	97
Percentage Positive .....	9.8%
No. Vaccinated .....	889
No. who had Chest X-ray .....	94
No. where X-ray showed active tuberculosis .....	0
No. where X-ray showed lung abnormality requiring further observation .....	0

The figure for the positive Mantoux tests gives an indication of the extent to which children are being brought into contact with the tubercle bacillus. Our percentage, 9.8 compares favourably with that in other urban industrial areas.



## Child Guidance

Number of Cases referred .....	23
Sources of reference :—	
School Medical Officer .....	10
Probation Officer .....	2
Paediatrician, R.A.E. Infirmary .....	7
General Practitioner .....	3
Children's Officer .....	1
Headteachers .....	—
Interviews held :—	
Child Guidance Clinic, Wigan .....	10
Results :—	
(1) Treatment at Clinic recommended .....	2
(2) Diagnosed with advice .....	6
(3) Special School recommended .....	2

### CHILD GUIDANCE CLINIC

The Wigan Child Guidance Clinic accepts referrals from the County Borough of Wigan and the surrounding Lancashire County Council area.

The full Child Guidance Clinic team was working from the beginning of January until Sept. 6th, 1963, when Dr. A. Gage, the Consultant Child Psychiatrist, left to take up an appointment elsewhere. Dr. Gage attended for two sessions a week and these have not been sufficient to cope with the increasing volume of referrals, as approximately half of his time had to be devoted to the treatment of disturbed children. We were unfortunate to lose the services of Dr. Gage when the service was just feeling its feet so to speak.

It was agreed, however, that the Child Guidance Clinic should remain open with Mr. D. Labon, Educational Psychologist, working one session and Miss S. M. Hall, Psychiatric Social Worker, working two sessions a week, partly to provide continuity in the event of a successor to Dr. Gage being appointed, but also for continued diagnostic and advisory work. Therefore, from September 9th to December 31st, 1963, the work of the Clinic was maintained by the Educational Psychologist and the Psychiatric Social Worker, who carried out their traditional functions in diagnosis and treatment. However, the emphasis of the work was changed to some extent towards educational problems and this factor became reflected in the type of referrals made to the Educational Psychologist at the Clinic during this three month period.

In many instances it was possible for the Educational Psychologist and Psychiatric Social Worker themselves to see both children and parents and in necessary and relevant circumstances psychiatric consultation was given by Dr. J. Neville, the Consultant Psychiatrist at the Huyton Child Guidance Clinic, whose counsel is gratefully acknowledged.

The continuing flow of referrals to the Child Guidance Clinic demonstrates the growing recognition of the need for this kind of work in the

County Borough of Wigan and we look forward to a successor to Dr. Gage being appointed in the near future.

**Speech Therapy.**—Difficulties were again experienced in the recruitment of speech therapists. However towards the end of the year two part-time appointments were made and it is hoped to resume an effective service during 1964.

**Treatment of Enuresis.**—The loan service of electric alarm machines for use in the treatment of this condition continues. This service is operated through the Health Department in collaboration with the School Medical Officers and Dr. R. M. Forrester, the Paediatrician at Wigan Infirmary. Three electric alarm machines have been used in 1963.

**Chiropody.**—I am indebted to Mr. J. Wood for the following report :—1963 followed the usual trend in the Chiropody Clinic—treatment of Verrucae Pedis. All cases cleared up in the usual number of visits. The foot hygiene of the children attending this Clinic continues to be good and footwear, with one or two exceptions, sensible. There was a slight decrease in the number of new cases attending and the number of treatments given.

No. of attendances by Chiropodist .....	46
No. of Patients .....	103
No. of Treatments .....	537

ANALYSIS OF CASES, 1963.

Verrucae Pedis .....	95
Other Conditions .....	8

HOSPITAL AND SPECIALIST SERVICES

There have been no material changes to hospital and specialist services available for school children since my last report.

INFECTIOUS DISEASES

During the year no case of Diphtheria or Poliomyelitis was notified in school children. There were 4 cases of scarlet fever, 210 cases of measles, 14 cases of whooping cough, 4 cases of tuberculosis and one case of viral meningitis.

**Diphtheria Immunisation.**—We have now had fifteen years of freedom from diphtheria amongst school children, but this has been at the price of constant vigilance. No effort is spared by the staff of the department to encourage parents to allow their children to be immunised and so perpetuate this satisfactory state of affairs. Head Teachers and class teachers have co-operated extremely well in advising parents to have their children protected. In order to minimise the amount of class-room time lost at immunisation sessions arrangements have been made for these to be undertaken in schools as well as at clinic premises.



Parents whose children are receiving Primary Inoculation against Diphtheria are now encouraged to have them protected with Diphtheria-Tetanus Combined Vaccine. When a child has previously received active anti-tetanus immunisation the combined vaccine is used for Booster injections. Names of pupils so protected are forwarded to the Casualty Department of the Infirmary, so that in case of injury involving a risk of Tetanus the child may receive a reinforcing dose of Tetanus Toxoid rather than the less desirable measure of receiving passive immunity by means of Anti-tetanus Toxin.

No. of children completing Primary Diphtheria-Tetanus Inoculation .....	153
No. of children receiving Booster Diphtheria-Tetanus Inoculation .....	291
No of children completing Primary Diphtheria Inoculation	8
No. of children receiving Booster Diphtheria Inoculation	936

**Vaccination against Poliomyelitis.**—Every opportunity was taken to increase the already high proportion of pupils immunised with Sabin (Oral) Vaccine.

No. of children who received First Dose .....	96
No. of children who received Second Dose .....	95
No. of children who received Third Dose .....	103

## HANDICAPPED PUPILS

Ascertainment of handicapped pupils has continued throughout the year.

Many handicapped pupils are found during the first periodic medical inspection, and others are brought to the notice of the Department by teachers or parents. An increasing proportion are discovered prior to their admission to school whilst attending Welfare Clinics, and the close liaison which exists between the School Health and Maternity and Child Welfare Services ensures that these children are guided early into the educational channels which will be of most benefit to them.

Should the child be so incapacitated as to be unable to attend the School Clinic, arrangements are made for the School Medical Officer to visit the home in conjunction with the Family Doctor who is attending, thus first-hand information of the child's previous history is obtained.

When handicapped children reach school leaving age an assessment is made of their capacity for work in open or sheltered industry and the relevant advice is given to the Youth Employment Bureau. The attention of the Welfare Services Section of the department is drawn to those who will require help in later years.

During the year eight children were reported to the Local Health Authority in accordance with Section 57 (4) of the Education Act as they were considered unsuitable for education at school because of a disability of mind.

# Handicapped Children Ascertained during 1963 :

(a) Blind pupils .....	—
(b) Partially sighted pupils .....	—
(c) Deaf pupils .....	—
(d) Partially hearing pupils .....	1
(e) Physically handicapped pupils .....	2
(f) Delicate pupils .....	1
(g) Maladjusted pupils .....	1
(h) Educationally subnormal pupils .....	10
(i) Epileptic pupils .....	—
(j) Pupils with speech defects .....	1
	—
	16
	—

## Handicapped Children Attending Special Schools

	Number admitted in 1963	Number Attending
(a) <b>Blind Pupils.</b>		
Liverpool School for the Blind .....	—	1
Sunshine House, Condover Hall .....	—	1
Sunshine House, Southport .....	—	1
(b) <b>Partially Sighted Pupils.</b>		
Exhall Grange Special School, Exhall .....	—	1
(c) <b>Deaf Pupils.</b>		
Royal Residential School for the Deaf, Birmingham .....	—	1
Burwood Park School for the Deaf, Walton-on-Thames .....	—	1
Royal School for the Deaf, Manchester .....	—	5
(d) <b>Partially Hearing Pupils.</b>		
Liverpool School for Partially Deaf .....	—	1
Thomasson Memorial School, Bolton .....	1	2
(e) <b>Physically Handicapped Pupils.</b>		
Birtenshaw Hall, Bolton .....	1	2
Bradstock Lockett, Southport .....	1	2
St. Loyes Training College for Disabled, Exeter .....	—	1
(f) <b>Delicate Pupils.</b>		
St. Dominic's Open-air School, Surrey .....	—	2
Children's Convalescent Home, West Kirby .....	—	1
St. Joseph's Heart Hospital, Rainhill .....	1	4
St. Catherine's Home, Ventnor, Isle-of-Wight .....	1	1
St. Vincent's School, St. Leonards .....	1	3

	Number admitted in 1963	Number Attending
<b>(g) Maladjusted Pupils.</b>		
Pitt House School, Devon .....	—	1
Caldecott Community, Ashford .....	—	1
<b>(h) Educationally Sub-normal Pupils.</b>		
All Souls, Hillingdon .....	—	1
High Close Special School, Wokingham .....	1	2
Pontville Special School, Ormskirk .....	—	1
Allerton Priory Special School, Liverpool .....	—	2
Meadows Memorial School, Southborough .....	1	4
Beechwood Residential School, Liverpool .....	—	1
<b>(i) Epileptic Pupils.</b>		
St. Elizabeth's School for Epileptics, Much Hadham, Hertfordshire .....	—	1

In addition 13 children were accommodated in the special class for educationally sub-normal children at St. George's Primary School, Wigan, and 18 in the Special Class at Marsh Green Primary School.

### EDUCATION ACT, 1944, SECTION 56

During the year 8 children received home teaching and 18 children received tuition in hospitals.

Tuition for children ill at home or in hospital is provided for long-term cases. Such children, when allowed to be deprived of their schooling, become very backward and the difficulty they find in trying to pick up the threads of their education on returning to school causes great discouragement. A child may have up to ten hours' home teaching per week, and for cases in hospital the time may extend to half the normal school day. In the former cases, with limited time, emphasis is placed on the basic subjects, while in the latter a considerable amount of handwork may be undertaken. Instruction by a qualified teacher, carefully graded in amount and type according to the individual patient's abilities and physical state, helps the sick child to keep up with his more fortunate companions at school and provides some pleasant occupation for his mind, a by no means unimportant consideration with the bedridden child.



## WORK OF THE SCHOOL NURSES

	1962	1963
No. of visits paid to homes for following up of cases.....	897	1,155
„ first visits paid to schools in connection with general cleanliness .....	87	97
„ children inspected for general cleanliness .....	11,212	10,645
„ visits paid to schools for re-inspection for general cleanliness .....	351	315
„ children re-inspected for general cleanliness .....	31,064	31,149
„ visits to schools for Infectious Diseases .....	23	17
„ children inspected for Infectious Diseases .....	595	475
„ visits paid to schools for other purposes .....	136	195
„ visits paid to homes for Infectious Diseases .....	8	65
„ visits paid to schools for Medical Inspection .....	177	208
„ visits paid to schools for Inoculations .....	198	100
„ Inoculation Sessions at School Clinic .....	57	32
„ visits paid to school for Vision Testing .....	—	61

## CO-OPERATION OF PARENTS

The number of parents present at Medical Inspection varies considerably in the different schools. The total number of parents present was 1,982 and the total number of children medically inspected was 3,009, the average attendance of parents being 65.87 per cent.

## CO-OPERATION OF TEACHERS

The teachers in the schools of Wigan are usually very helpful to the School Medical Officers. They provide them with the best accommodation possible, report any abnormality they have noticed in the children, and submit special cases for inspection. Prompt and complete information regarding infectious disease is very valuable to the Principal School Medical Officer and can help him to control or even prevent epidemics.

## CHILDREN'S DEPARTMENT

A friendly liaison exists between the Children's Department and the School Health Service.

During the year the following work was carried out on behalf of the school children in the care of the Children's Department :—

Preliminary Examinations prior to admission into care	47
Annual Home Office Medical Inspections .....	83

## CO-OPERATION OF VOLUNTARY BODIES

During the year the help of the N.S.P.C.C. Inspector has been obtained in 23 cases, involving the welfare of 64 children.

## PROVISION OF MEALS AND MILK

No kitchens have been opened or closed during 1963.

### SUMMARY OF MILK AND MEALS SERVED

	1962	1963
Paid and free meals to children and teachers .....	1,158,096	1,219,873
Third-pint bottles of milk .....	2,092,137	2,020,716
Meals supplied to Notre Dame High School .....	48,837	55,898
Meals supplied to Hope School .....	13,004	12,470
Meals supplied to Marylebone Training Centre ....	4,634	5,028
Meals supplied to the Workshops for the Blind .....	3,324	3,370

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### PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

During the period under review the Clinic was once more operated single-handed, but again it has been possible to carry out the dental inspection and treatment as in the previous twelve months. The Clinic at the Pemberton Primary School has been kept open two sessions each week for the treatment of children in that area, and the Central Clinic, Millgate, is available at all other times.

Most of the Primary and Secondary Schools in the Borough were visited for the purpose of carrying out dental inspections and facilities were again made available for parents to attend during the examination of the younger children. Unfortunately, the shortage of staff extends the period between each inspection which is regrettable. In consequence I once more stress the importance of increased co-operation from parents in accepting advice and obtaining treatment promptly, if a good standard of dental fitness is to be maintained. The Orthodontic service as in the past was used to capacity, and although some considerable time was spent on this work, the results obtained fully justify the continuance of this branch of dentistry. Many cases were treated during the year and it was gratifying to note the appreciation shown by parents on their completion. There is still a demand for treatment and a small waiting list exists. 424 attendances were made at the Clinic by children receiving Orthodontic treatment and in addition 213 visits were made for examination by Mr. Batten, the Orthodontist. Full details, including Orthodontic work carried out at the Clinics during 1963, are shown in Table VI.

The Consultant Dental Surgeon to the Wigan and Leigh Hospital Management Committee again gave valuable help on many occasions, and I am indebted to him for his continued assistance in those cases which required specialised treatment. A cordial relationship continues to exist with



the Local Dental Practitioners and my thanks are due to them for co-operating so readily in reducing to some extent the pressure on the School Dental Service.

The Dental Surgery Assistant and Clerk carried out their work in a most satisfactory manner, and once more I wish to place on record my appreciation of their valuable assistance.

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## PHYSICAL EDUCATION

The advance made in physical activities in Wigan schools recently was continued throughout 1963. In Association and Rugby Football as well as in Athletics and Swimming there was sustained activity.

Robin Park Playing Field and the Municipal Sports Stadium have been more fully used than was possible last year and Football, Cricket, Hockey and Athletics have been played there.

An all time record of 40 schools played in the Wigan Schools' Football League. 60 teams entered the League Competition and 70 participated in the Cup Competition. Both the Senior and Intermediate town teams had a good season and took part in the England Schools and the County Association Football Competitions. One boy gained Lancashire honours. At Eastertide, matches were played in Devon, Cornwall, Hereford and Gloucester as part of a tour of the south west of England.

Twenty-three teams competed in the Wigan Schoolboys' Rugby League Competitions and two boys gained Lancashire County honours. The senior team won the Evening Chronicle Competition and the junior team reached the semi-final of this Competition but both the senior and intermediate teams were narrowly beaten in the Lancashire Cup semi-finals.

During the summer holidays a series of coaching courses in Association and Rugby Football, Hockey and Tennis was held at Robin Park Playing Field and Ashfield Park Playing Field at Standish.

A total of 328 children gained the Authority's Elementary Certificate in swimming, 157 gained the Intermediate Certificate and 85 the Advanced Certificate. Swimming instruction continues to be given all the year round at the Public Baths.

Two children obtained the Royal Life Saving Society's Instructor's Certificate, one gained the Award of Merit, six the Bronze Cross, forty-two the Bronze Medallion and seven the Elementary and Intermediate Certificates. Forty-nine children also gained the Junior Respiration Operators Badge. Life Saving Competitions were again held under the auspices of the Wigan Schools' Swimming Association and of the Liverpool Shipwreck and Humane Society.

The Wigan and District Schools' Athletic meeting took place as usual and it is noteworthy that in the last four years thirty new records have



been set up from a possible forty-five events. The improvement in the standard of performance is especially marked in the case of the girls. A substantial improvement in cross country running was also noted. Over 150 boys participated during the year.

In 1963, Wigan staged the Lancashire County Championships for 15 to 20 year olds. It is to be hoped that more scholars, especially girls, will take a more rigorous and active part in this form of activity.

# STATISTICAL TABLES

## TABLE I

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools during 1963.

### A. PERIODIC MEDICAL INSPECTIONS

Year of Birth	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1959 and later .....	124	124	100.00	—	—
1958 .....	500	500	100.00	—	—
1957 .....	403	403	100.00	—	—
1956 .....	149	148	99.33	1	0.67
1955 .....	46	46	100.00	—	—
1954 .....	17	17	100.00	—	—
1953 .....	359	357	99.44	2	0.56
1952 .....	425	425	100.00	—	—
1951 .....	120	120	100.00	—	—
1950 .....	131	130	99.24	1	0.76
1949 .....	390	390	100.00	—	—
1948 and earlier .....	345	336	97.39	9	2.61
<b>TOTAL</b> .....	<b>3009</b>	<b>2996</b>	<b>99.57</b>	<b>13</b>	<b>0.43</b>

Year of Birth	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
	For defective vision (excluding squint)	For any other condition recorded in Table II	Total individual pupils
1959 and later .....	3	13	16
1958 .....	8	67	73
1957 .....	10	68	69
1956 .....	5	24	28
1955 .....	3	4	6
1954 .....	1	—	1
1953 .....	23	46	68
1952 .....	37	29	64
1951 .....	11	9	18
1950 .....	8	13	21
1949 .....	15	24	39
1948 and earlier .....	22	30	49
<b>Total</b> .....	<b>146</b>	<b>327</b>	<b>452</b>

### B. OTHER INSPECTIONS

Number of Special Inspections .....	506
Number of Re-inspections .....	783
<b>Total</b> .....	<b>1,289</b>

TABLE II

## Defects Found by Medical Inspection during the year

## A.—PERIODIC INSPECTIONS

Defect or Disease	Entrants		Leavers		Others		Totals	
	*T	†O	*T	†O	*T	†O	*T	†O
Skin .....	6	10	9	—	8	5	23	15
Eyes (a) Vision .....	21	150	37	28	88	96	146	274
(b) Squint .....	24	4	—	4	8	7	32	15
(c) Other .....	3	2	3	12	2	3	8	17
Ears (a) Hearing .....	5	7	—	1	5	3	10	11
(b) Otitis Media .....	8	3	7	6	7	8	22	17
(c) Other .....	2	—	1	—	5	—	8	—
Nose and Throat .....	20	36	6	4	15	23	41	63
Speech .....	—	15	—	—	—	8	—	23
Lymphatic Glands .....	—	20	—	3	—	20	—	43
Heart .....	2	11	1	—	1	5	4	16
Lungs .....	25	23	8	7	14	16	47	46
Developmental								
(a) Hernia .....	—	1	—	—	1	2	1	3
(b) Other .....	2	14	—	2	3	9	5	25
Orthopaedic								
(a) Posture .....	2	1	1	1	4	3	7	5
(b) Feet .....	33	5	8	5	26	8	67	18
(c) Other .....	8	3	7	2	10	9	25	14
Nervous System								
(a) Epilepsy .....	—	—	—	—	2	—	2	—
(b) Other .....	3	1	2	—	2	5	7	6
Psychological								
(a) Development .....	3	1	—	—	—	8	3	9
(b) Stability .....	1	4	1	3	4	4	6	11
Abdomen .....	—	2	1	—	2	3	3	5
Other .....	3	2	2	1	12	3	17	6
Totals .....	171	315	94	79	219	248	484	642

\* Defects requiring treatment (T).

† Defects requiring to be kept under observation (O).

## B.—SPECIAL INSPECTIONS

Defect or Disease						Pupils requiring Treatment	Pupils requiring Observation
Skin	.....	.....	.....	.....	.....	—	2
Eyes	(a)	Vision	.....	.....	.....	19	8
	(b)	Squint	.....	.....	.....	2	1
	(c)	Other	.....	.....	.....	—	—
Ears	(a)	Hearing	.....	.....	.....	1	3
	(b)	Otitis Media	.....	.....	.....	—	—
	(c)	Other	.....	.....	.....	—	—
Nose and Throat	.....	.....	.....	.....	.....	1	3
Speech	.....	.....	.....	.....	.....	—	8
Lymphatic Glands	.....	.....	.....	.....	.....	—	—
Heart	.....	.....	.....	.....	.....	—	2
Lungs	.....	.....	.....	.....	.....	1	4
Developmental	(a)	Hernia	.....	.....	.....	—	—
	(b)	Other	.....	.....	.....	1	1
Orthopaedic	(a)	Posture	.....	.....	.....	—	—
	(b)	Feet	.....	.....	.....	3	1
	(c)	Other	.....	.....	.....	—	—
Nervous System	(a)	Epilepsy	.....	.....	.....	2	—
	(b)	Other	.....	.....	.....	1	—
Psychological	(a)	Development	.....	.....	.....	—	1
	(b)	Stability	.....	.....	.....	1	1
Abdomen	.....	.....	.....	.....	.....	—	—
Other	.....	.....	.....	.....	.....	3	1
Totals						35	36



TABLE III

## Treatment of Pupils attending maintained Primary and Secondary Schools

## A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	57
Errors of refraction (including squint) .....	265
Total .....	<u>322</u>
Number of pupils for whom spectacles were prescribed .....	199
Analysis of Cases in which Spectacles were Prescribed	
Simple Hypermetropia .....	24
Simple Myopia .....	24
Hypermetropic Astigmatism .....	61
Myopic Astigmatism .....	59
Mixed Astigmatism .....	31
Total .....	<u>199</u>

## B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received Operative treatment—	
(a) for diseases of the ear .....	—
(b) for adenoids and chronic tonsillitis .....	153
(c) for other nose and throat conditions .....	—
Received other forms of treatment .....	38
Total .....	<u>191</u>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1963 .....	2
(b) in previous years .....	13

## C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments .....	181
(b) Pupils treated at school for postural defects .....	—
	<hr/> 181 <hr/>

### Attendances at the Orthopaedic Clinic

	Wigan	Hindley	Ince	Standish	Orrell	Total
No. of children of school age attending	181	9	6	9	5	210
No. of attendances of children of school age	904	55	41	70	15	1085

## D.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table V)

	Number of cases known to have been treated
Ringworm—(a) Scalp .....	—
(b) Body .....	—
Scabies .....	7
Impetigo .....	26
Other skin diseases .....	322
Total .....	<hr/> 355 <hr/>

## E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics .....	23

## F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists .....	—

## G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments .....	916
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	—
(c) Pupils who received B.C.G. vaccination .....	889
(d) Other than (a), (b) and (c) above, please specify : Chiropody .....	103
Total (a) - (d) .....	<hr/> 1908 <hr/>



**TABLE IV**  
**Minor Ailment Clinics**  
**Classification of Consultations and Treatment**

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Uncleanliness .....	73	—	102
Scabies .....	7	—	35
Impetigo .....	26	—	83
Other Skin Diseases .....	322	1	936
Blepharitis .....	1	—	2
Conjunctivitis .....	3	—	6
Defective Vision .....	2	—	2
Squint .....	4	—	5
Other Eye Conditions .....	53	—	111
Minor Ear Diseases .....	23	—	62
Nose and Throat Conditions.....	15	—	19
Deformities .....	17	—	23
Injuries to Bones and Joints .....	8	8	8
Miscellaneous .....	916	46	2872
Total .....	1470	55	4266

**TABLE V**  
**Uncleanliness and Verminous Conditions**

Average number of visits per school made during the year by the School Nurses .....	11
Total number of examinations of children in the Schools by School Nurses .....	41,794
Number of individual children found unclean at first inspection	379
Number of individual children found unclean at final inspection	244
Number of children cleansed under arrangements made by the Local Education Authority .....	—
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .....	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .....	—

TABLE VI  
Dental Inspection and Treatment

No. of Pupils inspected by the Authority's Dental Officers :—		
(a) At Periodic Inspections .....	7,602	
(b) As Specials .....	106	
	<hr/>	7,708
Number found to require treatment .....		3,641
Number offered treatment .....		3,176
Number actually treated .....		2,048
Number of attendances made by pupils for treatment .....		2,415
Half-days devoted to—		
Periodic School Inspection .....	44	
Treatment .....	311	
	<hr/>	355
Fillings : Permanent Teeth .....	1,237	
Temporary Teeth .....	74	
	<hr/>	1,311
Number of Teeth filled : Permanent Teeth .....	1,081	
Temporary Teeth .....	65	
	<hr/>	1,146
Extractions : Permanent Teeth .....	183	
Temporary Teeth .....	1,260	
	<hr/>	1,443
Administration of general anaesthetics for extraction .....		—
Orthodontics—		
(a) Half-days devoted to Orthodontic Treatment .....		24
(b) Cases commenced during the year .....		32
(c) Cases carried forward from previous year .....		73
(d) Cases completed during the year .....		30
(e) Cases discontinued during the year .....		10
(f) Pupils treated with appliances .....		23
(g) Removable appliances fitted .....		27
(h) Fixed appliances fitted .....		1
(i) Total attendances .....		637
Number of pupils supplied with artificial dentures .....		2
Other Operations : (i) Crowns .....	—	
(ii) Inlays .....	—	
(iii) Other Treatment .....	150	
	<hr/>	150